

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) LCV Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00486845	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee League of Conservation Voters, Inc.		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 1920 L Street, NW Ste 800		Amount 57.21	
City Washington	State DC	Zip Code 20036	Transaction ID : E40C885C27E824166B3B
Purpose of Expenditure Email & Staff for Fundraising Appeal		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24
Name of Federal Candidate Supported or Opposed by Expenditure: Ann Marie Buerkle		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 212984.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee League of Conservation Voters, Inc.		Date MM / DD / YYYY 10 / 31 / 2012	
Mailing Address 1920 L Street, NW Ste 800		Amount 17.13	
City Washington	State DC	Zip Code 20036	Transaction ID : EC38585EC46A749BC8A2
Purpose of Expenditure Staff Time for Press Release		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24
Name of Federal Candidate Supported or Opposed by Expenditure: Ann Marie Buerkle		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 212984.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	74.34
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Patrick Collins

Signature

[Electronically Filed]

Date

MM / DD / YYYY
11 / 05 / 2012

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(SCHEDULE E)

PAGE 2 OF 2
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NAME OF COMMITTEE (In Full) LCV Victory Fund	FEC IDENTIFICATION NUMBER ▼ C C00486845
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Freestone Communications			Date MM / DD / YYYY 11 / 04 / 2012	
[MEMO ITEM] Mailing Address 231 South Bemiston Suite 1210			Amount 16200.00	
City Saint Louis	State MO	Zip Code 63105-1914	Transaction ID : EFC3F1F26DF1F4B8EAA7	
Purpose of Expenditure ESTIMATE: GOTV Calls		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Dan B. Maffei			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee			Date MM / DD / YYYY	
Mailing Address			Amount	
City	State	Zip Code		
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	74.34

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Patrick Collins

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